



FUNDRAISER NIGHT APPLICATION

Organization Name: _____

Requested Fundraiser Date:

First Preference: _____ 4pm – 8pm 5pm – 9pm

Second Preference: _____ 4pm – 8pm 5pm – 9pm

Contact Name: _____ Phone: _____

Position with Organization: _____ Email: _____

Please provide one or two sentences about your organization, what services you offer, and what needs the fundraiser will benefit. We will use this on the flyers we create, and on our Facebook page, when helping to promote your Fundraiser Night.

All Fundraiser Night partners are asked to present an engaging interactive demonstration or performance element for their Fundraiser Night. The goal is to give Flying Star Café customers an opportunity to experience or participate in an activity that creates awareness about your organization. You may distribute informational material about your organization’s cause, but this cannot be the only element in the presentation.

Please provide a description of what type of presentation, performance, or interactive element you will have during the Fundraiser Night.

Please be sure to include the following items when returning this application:

- Completed W-9 Form
- Copy of your 501C3 Tax Exempt Certificate
- Digital copy of your logo
- Social Media/Website Links

Note – all Flying Star Fundraiser Nights are subject to approval by café’s General Manager.

FOR FLYING STAR USE ONLY:	
Date Submitted: _____	
Fundraiser Night Approved? Yes <input type="checkbox"/> No	
Confirmed Fundraiser Date: _____	Time: _____
GM Signature _____	Date: _____